196	3	· PART I	ll-24- B - FEE(S) TRAN					
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21874 7590 08/22/2006 EDWARDS & ANGELL, LLP P.O. BOX 55874 11/27/2005 443FA42 000000025 041105 09980680				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
	00.00 DA	0770000		Susan M. Dillon (Depositor's name)				
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			<u> </u>	November 21, 2006			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR		NEY DOCKET NO.	CONFIRMATION NO.	
09/980,680 TITLE OF INVENTION	10/31/2001 N: SHORT-ACTING BE	NZODIAZEPINES	Paul L Feldman		PC	J3318USW	6805	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSU	JE FEE	TOTAL FEE(S) DUE	DATE DUE	
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	RENDA LIBBY	1624	514-221000					
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Application No. (if known): 09/980,680

Attorney Docket No.: 61036(71095)

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Application Number 09/980,680-Conf. #6805 Filing Date **TRANSMITTAL** October 31, 2001 First Named Inventor **FORM** Paul L. Feldman Art Unit 1624 **Examiner Name** B. L. Coleman (to be used for all correspondence after initial filing) Attorney Docket Number 61036(71095) Total Number of Pages in This Submission

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Name EDWARDS ANGELL PALMER & DODGE LLP					
Signature					
Printed name Peter F. Corless					
Date November 21, 2006 Reg. No. 33,860					

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Applicant claims small entity stat	us. See 37 CFR 1.27		Art Unit		1624			
TOTAL AMOUNT OF PAYMENT	(\$) 1,430.00		Attorney Docket No. 61036(710					
METHOD OF PAYMENT (check	all that apply)							
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X Deposit Account Deposit Account	x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP							
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Design 200	100	100	50	130	65			
Plant 200	100	300	150	160	80			
Reissue 300	150	500	250	600	300			
Provisional 200	100	0	0	0	0			
2. EXCESS CLAIM FEES						_	mall Entity	
Fee Description Each claim over 20 (including Reiss	ues)					<u>Fee (\$)</u> 50	Fee (\$) 25	
Each independent claim over 3 (incl						200	100	
Multiple dependent claims	,					360	180	
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3. APPLICATION SIZE FEE	d 100 abanta af		waludina alaataa	ماناء والمونس	.d aaawanaa ar			
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Name (Print/Type) Peter F. Corless					Date N	lovember 2	1, 2006	